



Vertex Pharmaceuticals Incorporated  
130 Waverly Street • Cambridge, MA 02139-4242  
Tel. 617.444.6100 • Fax 617.444.6483  
<http://www.vpharm.com>

RECEIVED  
CENTRAL FAX CENTER  
MAY 15 2006

## FAX TRANSMISSION

To	United States Patent and Trademark Office
	571-273-8300
Examiner	Joseph Kosack
Group Art Unit	1626
From	Yi Liu
Date	May 15, 2006
Application No.	10/800,022
Attorney Docket No.	VPI/03-103 US
Total Pages	26

Message or Comment

If any problems occur with this fax transmittal, please call (617) 444-6168 immediately.

Rev. 3/8/05

RECEIVED  
CENTRAL FAX CENTER

MAY 15 2006


Attorney Docket No.: VPI/03-103 US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: 10/800,022  
Confirmation No.: 6802  
Filing Date: March 12, 2004  
Examiner: Joseph R. Kosack  
Group Art Unit: 1626  
Applicants: Frederick F. VanGoor et al.  
For: MODULATORS OF ATP-BINDING CASSETTE TRANSPORTERS

Certificate of Facsimile Transmission Under 37 CFR 1.8

I hereby certify that this correspondence and any documents referred to as attached hereto is/are being facsimile transmitted to the United States Patent and Trademark Office on May 15, 2006.

  
Signature

Jennifer Che  
Typed or Printed Name

May 15, 2006  
Cambridge, Massachusetts

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

TRANSMITTAL LETTER

Sir:

Transmitted herewith: ☒ a Reply to Office Action; ☐ a Petition for Extension of Time; ☐ a substitute Specification; ☐ a Declaration; ☐ a Supplemental Declaration; ☐ a Power of Attorney; ☐ an Associate Power of Attorney; ☐ formal drawings; ☐ Notice of Appeal; ☐ Appeal Brief; ☐ \_\_\_\_\_; to be filed in the above-identified patent application.

Applicants: Van Goor et al.  
 Application No.: 10/800,022

# FEE FOR ADDITIONAL CLAIMS

☒ A fee for additional claims is not required.

☐ A fee for additional claims is required.

The additional fee has been calculated as shown below:

CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEES
TOTAL CLAIMS	34 - 49 * =	X	\$ 50	= \$ 0
INDEPENDENT CLAIMS	1 - 3 ** =	X	\$200	= \$ 0
FIRST PRESENTATION OF A MULTIPLE DEPENDENT CLAIM		+	\$360	= \$

\* If less than 20, insert 20. TOTAL \$ 0  
 \*\* If less than 3, insert 3.

- ☐ A check in the amount of \$\_\_ in payment of the filing fee is transmitted herewith.
- ☐ Please charge \$\_\_ to Deposit Account No. 50-0725 in payment of the filing fee. A duplicate copy of this transmittal letter is transmitted herewith.
- ☒ The Director is hereby authorized to charge payment of any additional filing fees required under 37 C.F.R. § 1.16, in connection with the paper(s) transmitted herewith, or credit any overpayment of same, to deposit Account No. 50-0725. A duplicate copy of this transmittal letter is transmitted herewith.

Applicants: Van Goor et al.  
Application No.: 10/800,022

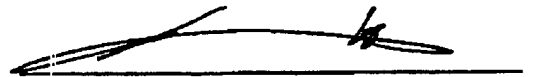
EXTENSION FEE

- ☐ The following extension is applicable to the Response filed herewith; ☐ \$120.00 extension fee for response within first month pursuant to 37 C.F.R. § 1.136(a); ☐ \$450.00 extension fee for response within second month pursuant to 37 C.F.R. § 1.136(a); ☐ \$1,020.00 extension fee for response within third month pursuant to 37 C.F.R. § 1.136(a); ☐ \$1,590.00 extension fee for response within fourth month pursuant to 37 C.F.R. § 1.136(a); ☐ \$2,160.00 within fifth month pursuant to 37 C.F.R. § 1.136(a).
- ☐ A check in the amount of ☐ \$120.00; ☐ \$450.00; ☐ \$1,020.00; ☐ \$1,590.00; ☐ \$2,160.00 in payment of the extension fee is transmitted herewith.
- ☐ Please charge the extension fee in the amount of ☐ \$120.00; ☐ \$450.00; ☐ \$1,020.00; ☐ \$1,590.00; ☐ \$2,160.00 to Deposit Account No. 50-0725. A duplicate copy of this transmittal letter is transmitted herewith.
- ☒ The Director is hereby authorized to charge payment of any additional fees required under 37 C.F.R. § 1.17 in connection with the paper(s) transmitted herewith, or to credit any overpayment of same, to Deposit Account No. 50-0725. A duplicate copy of this transmittal letter is transmitted herewith.

MISCELLANEOUS FEES

- ☐ Please charge \$\_\_\_\_\_ to Deposit Account No. 50-0725 in payment of the fee for \_\_\_\_\_ (37 C.F.R. § \_\_\_\_\_).
- ☒ The Director is hereby authorized to charge payment of any additional fees required under 37 C.F.R. § \_\_\_\_\_, in connection with the paper(s) transmitted herewith, or credit any overpayment of same, to deposit Account No. 50-0725. A duplicate copy of this transmittal letter is transmitted herewith.

Respectfully submitted,

  
Yi Liu, Reg. No. 55,393  
Agent for Applicants  
c/o Vertex Pharmaceuticals Incorporated  
130 Waverly Street  
Cambridge, Massachusetts 02139  
Tel: (617) 444-7374  
Fax: (617) 444-6483

RECEIVED  
CENTRAL FAX CENTER

005/026

MAY 15 2006

Attorney Docket No.: VPI/03-103 US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: 10/800,022  
Confirmation No.: 6802  
Filing Date: March 12, 2004  
Examiner: Joseph R. Kosack  
Group Art Unit: 1626  
Applicants: Frederick F. VanGoor et al.  
For: MODULATORS OF ATP-BINDING CASSETTE TRANSPORTERS

Certificate of Facsimile Transmission Under 37 CFR 1.8

I hereby certify that this correspondence and any documents referred to as attached hereto is/are being facsimile transmitted to the United States Patent and Trademark Office on May 15, 2006.



Signature

Jennifer Che

Typed or Printed Name

May 15, 2006  
Cambridge, Massachusetts

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

TRANSMITTAL LETTER

Sir:

Transmitted herewith: ☒ a Reply to Office Action; ☐ a Petition for Extension of Time; ☐ a substitute Specification; ☐ a Declaration; ☐ a Supplemental Declaration; ☐ a Power of Attorney; ☐ an Associate Power of Attorney; ☐ formal drawings; ☐ Notice of Appeal; ☐ Appeal Brief; ☐ \_\_\_\_\_; to be filed in the above-identified patent application.

Applicants: Van Goor et al.  
 Application No.: 10/800,022

# FEE FOR ADDITIONAL CLAIMS

☒ A fee for additional claims is not required.

☐ A fee for additional claims is required.

The additional fee has been calculated as shown below:

CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEES
TOTAL CLAIMS	34 - 49	* =	X	\$ 50 = \$ 0
INDEPENDENT CLAIMS	1 - 3	** =	X	\$200 = \$ 0
FIRST PRESENTATION OF A MULTIPLE DEPENDENT CLAIM			+	\$360 = \$
				TOTAL <u>\$ 0</u>

\* If less than 20, insert 20.

\*\* If less than 3, insert 3.

- ☐ A check in the amount of \$\_\_\_ in payment of the filing fee is transmitted herewith.
- ☐ Please charge \$\_\_\_ to Deposit Account No. 50-0725 in payment of the filing fee. A duplicate copy of this transmittal letter is transmitted herewith.
- ☒ The Director is hereby authorized to charge payment of any additional filing fees required under 37 C.F.R. § 1.16, in connection with the paper(s) transmitted herewith, or credit any overpayment of same, to deposit Account No. 50-0725. A duplicate copy of this transmittal letter is transmitted herewith.

Applicants: Van Goor et al.  
Application No.: 10/800,022

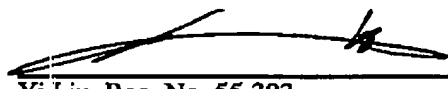
### EXTENSION FEE

- ☐ The following extension is applicable to the Response filed herewith; ☐ \$120.00 extension fee for response within first month pursuant to 37 C.F.R. § 1.136(a); ☐ \$450.00 extension fee for response within second month pursuant to 37 C.F.R. § 1.136(a); ☐ \$1,020.00 extension fee for response within third month pursuant to 37 C.F.R. § 1.136(a); ☐ \$1,590.00 extension fee for response within fourth month pursuant to 37 C.F.R. § 1.136(a); ☐ \$2,160.00 within fifth month pursuant to 37 C.F.R. § 1.136(a).
- ☐ A check in the amount of ☐ \$120.00; ☐ \$450.00; ☐ \$1,020.00; ☐ \$1,590.00; ☐ \$2,160.00 in payment of the extension fee is transmitted herewith.
- ☐ Please charge the extension fee in the amount of ☐ \$120.00; ☐ \$450.00; ☐ \$1,020.00; ☐ \$1,590.00; ☐ \$2,160.00 to Deposit Account No. 50-0725. A duplicate copy of this transmittal letter is transmitted herewith.
- ☒ The Director is hereby authorized to charge payment of any additional fees required under 37 C.F.R. § 1.17 in connection with the paper(s) transmitted herewith, or to credit any overpayment of same, to Deposit Account No. 50-0725. A duplicate copy of this transmittal letter is transmitted herewith.

### MISCELLANEOUS FEES

- ☐ Please charge \$\_\_\_\_\_ to Deposit Account No. 50-0725 in payment of the fee for \_\_\_\_\_ (37 C.F.R. § \_\_\_\_\_).
- ☒ The Director is hereby authorized to charge payment of any additional fees required under 37 C.F.R. § \_\_\_\_\_, in connection with the paper(s) transmitted herewith, or credit any overpayment of same, to depcsit Account No. 50-0725. A duplicate copy of this transmittal letter is transmitted herewith.

Respectfully submitted,

  
\_\_\_\_\_  
Yi Liu, Reg. No. 55,393  
Agent for Applicants  
c/o Vertex Pharmaceuticals Incorporated  
130 Waverly Street  
Cambridge, Massachusetts 02139  
Tel: (617) 444-7374  
Fax: (617) 444-6483

RECEIVED  
CENTRAL FAX CENTER  
MAY 15 2006

VPI/03-103 US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Examiner: Kosack, Joseph R.  
Group: 1626  
Applicants: Van Gocr, Frederick F. et al.  
Serial No.: 10/800,022  
Confirmation No.: 6802  
Filed: March 12, 2004  
For: MODULATORS OF ATP-BINDING CASSETTE  
TRANSPORTERS

Cambridge, Massachusetts

May 15, 2006

Commissioner For Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

AMENDMENT AND REPLY TO OFFICE ACTION

This is in response to the February 15, 2006 Office Action in the above-identified application. The shortened statutory period of 3 month set forth by the Office Action expires on May 15, 2006. Consequently, this Reply is timely submitted.

Amendments to the claims begin on page 2 of this Reply.

Remarks begin on page 12 of this Reply.